



Editorial: When birth becomes trauma

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By Editors Mari Greenfield and Emma Ashworth



Welcome to this edition of the AIMS Journal, which looks at the life changing issue of traumatic birth.

In academic and medical literature, the term 'traumatic birth' is usually used to refer to a birth that was emotionally or psychologically traumatic for the person giving birth, whilst 'birth trauma' is used to include this kind of birth as well as births where the baby was physically injured. In the first article in this journal, [Rebecca Moore gives us an explanation of what makes a birth traumatic](#) as a clear understanding of this is important in our attempts to stop it from happening in the first place.

Worldwide, up to 30% of births are a traumatic experience.¹ It is important that we recognise how profoundly a traumatic birth can affect the person who experiences it. [Zoe Clark shares with us the feelings she was left with after her birth](#), and the parallels she felt it had with domestic violence. Births can be straightforward or complicated, but no-one should be left feeling that they have been abused after giving birth. The long-term consequences of a birth experience like this are a woman and sometimes a baby who went through a terrible experience, mental health injuries, sometimes compromised bonding with the baby, and for some, relationship breakdown.

A traumatic birth can result in post-traumatic stress disorder (PTSD). In the UK, childbirth-related PTSD is underdiagnosed, and effective treatment is hard to access. [Gill Thomson reflects on the issues affecting access to one form of intervention](#) – Birth Reflections services. We also know that one traumatic birth does not mean a subsequent birth has to be a traumatic experience. With good care, future births can be a positive experience. [Hannah Palamara shares her birth story with us](#), in which her first births were traumatic experiences, but good care and her own fortitude in her last birth had a healing effect.

Birth supporters can also be affected by a traumatic birth too. Research shows that both fathers and midwives can be traumatised, and support services are mostly non-existent. No research has yet been published about the effect on lesbian partners, obstetricians, doulas, or others who may be present at a birth. [Jenny Patterson's article](#) reflects on how the cumulative experience of witnessing traumatic births may affect midwives, including the impact on the care they provide to women and [Amy Delicate explains the impact on couple relationships](#) when birth is traumatic.

Traumatic birth is an emerging area within academic and medical literature, and interest in studying it is growing. [Gemma McKenzie reviews some of the latest research](#) in the area, and we have [an updated AIMS checklist](#) to help those campaigning to avoid and treat perinatal mental health injuries. This important list sets out what we believe would improve the services available to those who are affected by traumatic births, and gives us a direction for our campaigning efforts.

Our sincere thanks to all those involved in sharing their stories and writing articles, and to the entire Journal team for their amazing work in making this Journal a reality.

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Emma Ashworth – AIMS Trustee

References:

[1](#)) Soet JE, Brack GA, Dilorio C. 2003. Prevalence and predictors of women's experience of psychological trauma during childbirth. Birth 30(1):36-46